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ABSTRACT

Because young people are coming out of the closet at a younger age, parents often deal with a gay or lesbian child in their home. Parents need the support and intervention of therapists in order to guide their children through this often difficult and confusing time and to face their own issues. Parents wrestle with many concerns such as social stigmatization, conflicts with religion or spirituality, and fear regarding STD's or other results of sexually risky behaviors. Their children may face difficulties with low self-esteem and are at high risk for drug and alcohol abuse as well as suicide. A resource list offers support for therapists dealing with these issues. (Contains 36 references.) (Author)

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Running Head: ASSISTING PARENTS

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Assisting Parents of Gay and Lesbian Youth

Marie T. Bracciale, Samuel Sanabria and E. Jane Updyke

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Abstract

Because young people are coming out of the closet at a younger age, parents often deal with a gay or lesbian child in their home. Parents need the support and intervention of therapists in order to guide their children through this often difficult and confusing time and to face their own issues. Parents wrestle with many concerns such as social stigmatization, conflicts with religion or spirituality, and fear regarding STD's or other results of sexually risky behaviors. Their children may face difficulties with low self-esteem and are at high risk for drug and alcohol abuse as well as suicide. A resource list offers support for therapists dealing with these issues.

Assisting Parents of Gay and Lesbian Youth

Raising an adolescent can be one of the most challenging life stages for parents. Discovering that their adolescent is gay or lesbian amplifies that challenge and as a result parents often turn to therapists for guidance and information when faced with such challenges.

As a result of recent media coverage on homosexuality, more adolescents are coming out of the closet at an earlier age. This places parents in a position of having to accept that their child is either gay or lesbian. This is a difficult task for most parents and feelings of guilt, grief, fear and depression often accompanies. Many parents move through Elizabeth Kubler-Ross's stages of grief as they adjust to their child not being part of the "mainstream". They may become aware of the risks involved with adolescents who have no support system (i.e., alcoholism, drug abuse, and risky sexual behaviors that lead to STDs). Support groups can help parents gain support and encouragement. Information and guidance that therapists offer parents going through this difficult time can be crucial to the life of a young person struggling with acknowledging their sexual orientation.

Parents' Experiences as their Child "Comes Out"

From the moment a child is born, parents envision the kind of life their child will lead. Most parents dream of having their child grow up to be a part of the mainstream culture; a responsible citizen with a respectable job, a wife or husband and children. Yet, once a child "comes out", some parents experience a sense of loss about the image they had developed for their child (PFLAG & Sauerman, 1995). They may experience grief, which may manifest itself as guilt, fear, shock, depression, and/or anxiety (Westberg, 1962). They may also blame themselves for their child's sexual orientation, since

historically, it was believed that homosexuality was the result of bad parenting (PFLAG & Saureman, 1995).

Grief

Mental health professionals who work with parents of gay and lesbian children need to understand the significance of a parents feelings of loss and grief. According to Lenhardt (1997), parents and children may experience a form of grief called *disenfranchised* grief, which is defined as experiences that are not or cannot be openly acknowledged by peers or society. Unlike grief resulting from the death of a loved one, the coming out experience is not recognized by most people as grief; therefore it is difficult for parents to find support or to feel comfortable asking for information regarding homosexuality. The parents may feel that they are alone in their experience and unable to cope with the perceived change in the relationship. Often parents do not acknowledge their own loss, or they feel that they do not have the right to feel depressed or angered (Lenhardt, 1997). Parents may not know how to express their feelings and may believe that their only option is to disown their child.

Kubler-Ross (1969) postulates that individuals experience five stages during the grieving process, and understanding these stages may be helpful for parents who are trying to work through their feelings of having a gay or lesbian child. The first stage of the Kubler-Ross model is denial. This is when the parent will not accept that their child could be gay or lesbian. The second stage is anger, which is characterized by feels of betrayal. The third stage is bargaining which occurs when parents attempt to bargain for changes; for instance, the parents may feel that they can persuade the child to "come back" to a heterosexual lifestyle. The fourth stage is depression, which consists of realizing that their child is not going to change their sexual orientation, and parents begin

to feel helpless, and possibly depressed. With therapeutic intervention and time, parents may reach the final stage of the grieving process; acceptance. Unfortunately, many parents do not reach this level and intentionally or unintentionally ostracize their child (Clark, 1997).

Disenfranchised grief is an area that can be explored by counselors with parents. This involves parents who are grieving their perceived notion about what their child should be like, and do not have a support system for their feelings. It is important for counselors to validate parents' feelings by recognizing the perceived loss and encouraging them to understand that nothing has changed within their child; their child still has the capabilities and opportunities to lead a happy and successful lifestyle.

Guilt

Confusion about sexual orientation is not unusual during adolescence. Counseling may be helpful for young people who are uncertain about their sexual orientation or for those who are uncertain about how to express their sexuality and might profit from an attempt at clarification through a counseling or psychotherapeutic initiative. Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation (Policy Statement, 1993).

Families of origin may be unprepared to accept a lesbian, gay, or bisexual child or family member because of familial, ethnic, or cultural norms and/or religious beliefs or negative stereotypes (Chan, 1995; Greene, 1994a; Matteson, 1996). The awareness of a family member's homosexuality or bisexuality may precipitate a family crisis that can result in the expulsion of the homosexual or bisexual member, rejection of the parents and siblings by the homosexual or bisexual member, parental guilt and self-incrimination,

or conflicts within the parents' relationship (Griffin, Wirth, & Wirth, 1996; Savin-Williams & Dube, 1998; Strommen, 1993). Even when reactions are more positive, adjustments may be necessary to accommodate a new understanding of the lesbian, gay, or bisexual family member (Laird, 1996). Many families are faced with their own "coming out" process when a family member discloses his or her homosexuality or bisexuality (Bass & Kaufman, 1996; Savin-Williams & Dube, 1998).

Fear

Another emotion parents may experience is fear. This is often a result of a belief that that their child is somehow going to live a life of solitude and experience societal oppression for being gay. A deeper fear is that their child will contract the AIDS virus, since homosexuality has historically been highly associated with AIDS. Such fears are not completely unfounded. For many years, gay and lesbian individuals, have been the subject of much branding, harassment, and violence from society. Individuals like Matthew Sheppard, who was attacked and left to die by a couple of homophobic individuals continue to make the news. This is not the lifestyle that parents want for their children. Further, since AIDS/HIV initially was associated with the gay and lesbian population, it is unfortunately still believed by many to be a "homosexual disease". Thus, even though we now know that AIDS/HIV holds no boundaries, parents who have just discovered that their child is gay may initially have fears related to such misinformation.

It is important to keep in mind that although most of the fears expressed by parents are irrational, they are understandable. For many, the fear results from years of socialization, while others lack knowledge regarding the homosexual lifestyle. These fears, if not addressed, can contribute to the lack of acceptance of their child and may deter parents from getting to know more about their child.

Shock

One of the first feelings a parent may experience when a child identifies him or herself as a homosexual is shock. This is usually the result of having their dreams or images altered suddenly by being caught off-guard. For many parents, however, the disclosure does not come as a surprise. Parents often feel that their child is different prior to the child coming out (Fairchild & Hayward, 1998; Clark, 1997); however, few parents ever considered the possibility of their child being gay.

Depression

The parents also feel that they no longer have the relationship they thought they had with their child (PFLAG & Sauerman, 1995). These feelings may lead to depression, which may further contribute to feelings of helplessness and hopelessness (Freeman & Ward, 1998).

> Major depression is a mood disorder characterized by one or more major depressive episodes (i.e., at least two weeks of depressed mood or loss of interest or pleasure in nearly all activities) accompanied by at least four additional symptoms such as changes in sleep, appetite, or weight, and psychomotor activity; decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decisions; or recurrent thoughts of death or suicidal ideation, plans, or attempts. Dysthymia or dysthymic disorder "is characterized by at least two years of depressed mood for more days than not, accompanied by additional depressive symptoms that do not meet criteria for a major depressive episode (American Psychiatric Association, 1994, p. 317).

Depression is a common and highly treatable disorder affecting over 17 million American adults annually. Once identified, depression can almost always be successfully treated either by psychotherapy, medication, or a combination of both. Unfortunately, according to the Agency for Health Care Policy and Research, depression is

underdiagnosed and undertreated by primary care and other non-mental health practitioners.

Major depression can cause severe impairment in social and physical functioning and is often a major precipitating factor in suicide. It has been associated with higher medical costs, greater disability, poor self-care and adherence to medical regimens, and increased morbidity and mortality from medical illness (Katon & Sullivan, 1990).

Anxiety

Stress factors have been examined in lesbian, gay, and bisexual youth, for whom social vulnerability and isolation have been identified as prominent concerns. Social stressors affecting lesbian, gay, and bisexual youth, such as verbal and physical abuse, have been associated with academic problems, running away, prostitution, substance abuse, and suicide (Savin-Williams, 1994, 1998). Anti-gay verbal and physical harassment have been found to be significantly more common among adolescent gay and bisexual males who had attempted suicide compared with those who had not (Rotheram-Borus, Hunter, & Rosario, 1994). These stressors have also been associated with high-risk sexual behavior (Rotheram-Borus, Rosario, Van-Rossem, Reid, & Gillis, 1995).

According to Freud,

> *"homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime, and cruelty too... If [your son] is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency whether he remains a homosexual or gets changed..."*
>
> (reprinted in Jones, 1957, pp. 208-209, from the American Journal of Psychiatry, 1951, 107,786).

Understanding the Sexual Identity Continuum

Fairchild and Hayward (1998) also state that the first comprehensive report on sexual orientation among Americans was done by Dr. Alfred Kinsey and his co-workers at the Institute for Sex Research in Bloomington, Indiana. Some of the most startling statistics at that time showed that more than one-third of American males between the ages of sixteen and fifty-five had experienced sexual arousal to orgasm with another male at least once. Dr. Kinsey and his colleagues had interviewed twelve thousand men to arrive at their sexual profile (Fairchild & Hayward, 1998).

According to the Kinsey Continuum, individuals fall into one of the following seven categories: (see figure 1) When looking at the chart, it is helpful to remember that almost no one is exclusively heterosexual or homosexual. Most people fall somewhere along the continuum.

Helping Teens at Risk for Suicide/Alcohol/Drugs/Low Self-Esteem

Suicide Risk Factors

If gay teens' sexuality are suspected, discovered, or openly admitted, they may be ostracized, ridiculed, harassed, or emotionally or physically abused at school and possibly at home. Once their sexual orientation becomes known, these teens bear the full brunt of conflicts with individuals and institutions over their homosexuality. These teens are the most likely to be pushed out of schools and families and forced to survive on their own. They face tremendous pressures and because of this, suicide often seems to be the only way out (Reed, 1997)

The 1989 Study of the Report of the Secretary's Task Force on Youth Suicide for the U.S. Department of Health and Human Services revealed that suicide had become epidemic among adolescents, and that gay and lesbian adolescent accounted for as many

as 30 percent of completed youth suicides annually. Suicide, the report informed, was the leading cause of death for gay and lesbian teens (Gibson, 1989).

Warning signs for gay teen suicide mirror those of suicide generally. They include:

- Depressed mood lasting longer than two weeks
- Sleeping more than is normal for the individual
- Eating more or less than is normal for the individual
- Restlessness and inability to concentrate in class or tolerate inactivity
- Not enjoying activities that used to be important
- Spending more time alone; lack of interest in friends
- Feelings of hopelessness
- Sudden change in behavior or reactions (e.g., a quiet person becoming suddenly boisterous or an outgoing person becoming exceptionally quiet or withdrawn) (Walling, 1993).

Popular culture offers gay teens few positive role models. So, in ignorance, teens wrestle with stigma and shame. They often find themselves alone in this struggle. Since they can't turn to family, school, or their church, teens have three options: to attempt to change, to become invisible, or to be an outcast (Reed, 1997). According to Martin and Hertick, in their 1988 article "The Stigmatization of the Gay and Lesbian Adolescent," trying and failing to change often intensifies feelings of self-hate and opens the doors for self-destructive behaviors such as substance abuse and suicide (Martin and Hetrick, 1988).

Donovan R. Walling's pamphlet, "Gay Teens at Risk," discusses heterosexual youth finding positive role models everywhere who affirm their normality. "Teens struggling with defining their sexual orientation or who have identified themselves as homosexual seldom find gay models. Thus they are acculturated through models that tend to deny their sexuality. This denial often is internalized as guilt and self contempt" (Walling, 1993).

Alcohol/Drugs

According to Dr. Rob Garofalo, a pediatric instructor at Harvard Medical School and co-author of a recent study published in the Journal of Pediatrics, gay teens most likely to take risks are those who grow up without support for their sexual orientation, especially those who are not supported by their family. According to the study, when compared with heterosexual teenagers, gay teenagers were three times more likely to have attempted suicide in the past year, nearly five times more likely to have been absent from school due to fear about safety, and more than four times as likely to have been threatened with a weapon at school. Additionally, more than 50% of those identifying themselves as gay or lesbian, reported having sex prior to the age of thirteen as well as using cocaine, alcohol, and marijuana prior to the age of thirteen.

Indicators for Low Self-Esteem

According to Walling (1993), "Low self-esteem both arises from and leads to feelings of rejection. Even when students have not confided their feelings of sexual confusion to anyone, the rejection of 'significant others' is often projected; and that anticipation of rejection can affect personal relationships."

The following may be indicators of poor self-image in gay teens:

- Achieving below expected levels academically (i.e., doing poorly despite average or above average ability)
- Failing to see a relationship between effort and achievement
- Displaying immature behaviors
- Giving up on difficult tasks
- Not participating in discussions (Walling, 1993).

Support and understanding are key elements that parents can provide to assist their child in maintaining some dignity and self-esteem. One way parents can support children who are questioning their sexuality might be to ask questions such as, " We are wondering if you are dealing with your sexuality? We love you no matter what...". Such statements can be very comforting to a child grappling with the ostracism associated with being gay. By supporting self-esteem at home, parents can reduce the likelihood that their children will indulge in self –destructive behaviors or suicidal thinking. When parents are accepting of their child's homosexuality, the "coming-out" teenager may be more comfortable to "come-out" in other venues outside of the home. Acceptance, which can begin within the family, helps build a gay teen's self-worth and esteem as well as build courage and competence.

Socio-Cultural Factors

According to a report by Atkinson and Hackett (1988) gays and lesbians have been a hidden minority. Information regarding gays and lesbians has typically been provided by religious institutions and legal sanctions. Society, for years has been suppressing gays and lesbians. However, this suppression has been weakening recently. According to a recent poll conducted by (Gallup-Newsweek 2000), a minority (46%) of the general public view homosexuality as morally wrong. This represents a decrease

from two years ago when 54% of the general population held this viewpoint. In fact, there is no formal evidence suggesting that gays and lesbians will lead a life ostracized from society. Indeed, gays and lesbians are major contributors and respectable citizens in our society. For example, many gays and lesbians have been able to secure respectable jobs as judges, politicians, doctors, and officers (Gallup -Newsweek, 2000). Parents could benefit from learning more about gays and lesbians who have lived an open existence in society and have managed to live a happy, successful life.

Religious Beliefs

For many parents, reconciling homosexuality with their religious beliefs is a difficult process. Some churches have spent so much time attacking homosexuality that believing homosexuality to be a sin has become the normative way of thinking within churches. In fact, some religious institutions believe that homosexuals are promoters of rape, sexual molestation, and promiscuity, despite evidence to the contrary (Brooke, 1993). By accepting the moralistic view that homosexuality is a sin, religious institutions are perpetuating the belief that homosexuals are sexual perverts.

Although it is true that most religions condemn homosexuality, many churches that have accepted gays and lesbians argue the issue for acceptance (Dotinga, 1998). Further, many gays and lesbians have strong religious and spiritual beliefs. They often want to continue in their faith but sometimes feel that they are not welcomed (Barret & Barzan, 1996). Parents can help their gay or lesbian children by encouraging them to continue with their faith. Many organizations exist that can assist parents in learning more about religious institutions that are affirming of gays and lesbians, such as the Metropolitan Community Church, which has 300 congregations throughout the United States (Behrens, et al., 2000).

The above paragraphs represent just a few of the struggles that parents may experience as they deal with their changing perceptions of a child who is coming out. When a therapist first encounters these parents, they may want to begin by helping the parent work through their own emotions, and then move on to educating the parent on the many issues that the child is experience.

Intervention Strategies for Counselors

Working with parents of gays and lesbians is a challenging task. Families may need to adjust to the loss of hopes, perceptions, or expectations associated with the presumption of heterosexuality (Savin-Williams, 1996). Families may also need assistance in developing new understandings of sexual orientation, in confronting the ways in which negative societal attitudes about homosexuality and bisexuality are manifested within the family, and in addressing difficulties related to societal stigmatization. Psychologists also are sensitive to the cultural variations in a family's reaction and ways of adapting to a lesbian, gay, or bisexual member. Local and national resources are available that can provide information, assistance, and support to family members (e.g., Parents, Family, and Friends of Lesbians and Gays; Children of Lesbians and Gays Everywhere).

As mentioned earlier, parents may experience a myriad of emotions related to their child coming out. Counselors can encourage parents to learn more about the homosexual lifestyle to dispel any myths and fears they may hold related to the homosexual culture. Fairchild and Hayward (1998) have published a book that is geared toward educating parents about their children's sexual orientation. The book, entitled *Now That You Know: A Parent's Guide to Understanding their Gay and Lesbian children*, provides first-hand information regarding common struggles parents face with

their child's homosexuality. The book offers commentaries from parents who share common feelings from when they first found out that their child is gay or lesbian. It also provides information regarding children's common experiences when coming out to parents.

> *The following in an insert from* Now That You Know *(Fairchild and Hayward, 1998) that describes how a mother, who was not educated on the lifestyle of gays and lesbians, reacted when her daughter told her she was a lesbian:*
> *"I had visions of Wendy being taunted, ostracized, and stoned by monstrous crowds...of Wendy in sexual encounters with other women, and I made myself feel nauseated. Sometimes it was hard for me to separate myself from those "monstrous crowds" because I, too, condemned her sexuality as sick, abnormal, vile- and the sensation was all-consuming and powerfully destructive."*
>
> *Anonymous*

According to Savin-William (1998), these experiences include the following:

- Children tend to come out to their mothers first. They feel more confident that they will be accepted by their mother. They also believe that their mother will be less verbally and physically abusive. However, contrary to this belief, mothers tend to be more verbally abusive than fathers, especially to lesbian daughters.
- Children tend to come out to a friend before a parent. They feel that friends are more supportive than parents.
- Fathers usually find out from the mother about a child's sexual orientation.
- Children feel most vulnerable and are at their weakest emotionally after telling a family member.
- There tends to be a higher rate of running away from home, suicide attempts, failures at school, substance abuse, and depression following disclosure about homosexuality.

- Feelings of alienation and worthlessness may occur if a gay teenager does not disclose. There is often fear associated with thoughts about what might happen if they were "discovered".
- It takes years of development for children to come to terms with their sexual identity.

As counselors, we can prevent harm during the coming out process by acknowledging the feelings of the parents, working toward maintaining the parent-child relationship, and helping the parents move toward acceptance.

Support Groups for Parents

Parents may also be encouraged to seek out support groups that can help them come to terms with their children's sexual orientation. One organization that has done outstanding work in this area is Parent, Families, and Friends of Lesbians and Gays (PFLAG). PFLAG was founded in 1981 by 25 parents coping with their children coming out, and currently represents over 77,000 households and 425 affiliates worldwide. The following are the vision and mission statements of PFLAG:

PFLAG Vision

"We, the parents, families and friends of lesbian, gay, bisexual and transgendered persons, celebrate diversity and envision a society that embraces everyone, including those of diverse sexual orientations and gender identities. Only with respect, dignity and equality for all will we reach our full potential as human beings, individually and collectively. PFLAG welcomes the participation and support of all who share in, and hope to realize, this vision (www.pflag.org)."

PFLAG Mission Statement

"Parents, Families and Friends of Lesbians and Gays promotes the health and well-being of gay, lesbian, bisexual and transgendered persons, their families and friends through: support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and to secure equal civil rights. Parents, Families and Friends of Lesbians and Gays provides opportunity for dialogue about sexual

orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity (www.pflag.org)."

Encouraging parents to seek a support group or to show their children support cannot be overemphasized. PFLAG has helped thousands of families work through their feelings and in turn strengthen the family bond. The following are suggestions for counselors working with parents of gays and lesbians:

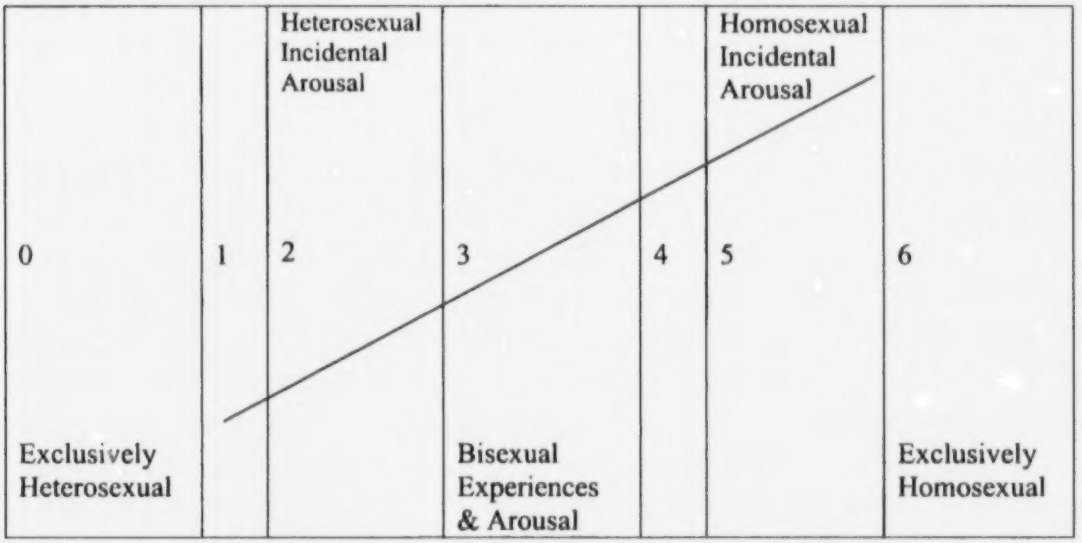
- Coping with the issue vs. defending against it. We should challenge our clients to work toward adapting rather than just defending themselves against hurt feelings (Corr, 1993).
- Coming out may cause a change in the family system resulting in distortion of boundaries that were once established. Counselors should take into consideration the impact that this change may have on both parents and siblings of the client (Lamberti & Detmer, 1993).
- Family systems and subsystems should not be disrupted, however, it may be unrealistic to expect relationships to be the same (Lamberti & Detmer, 1993).
- Parents often ask that there be no mention of being "gay." This is a form of oppression and contributes to low self-esteem. Keeping this as a "family secret" is also oppressive (Savin-Williams, 1998). Therapists should encourage parents to keep conversations open and not suppress the natural desire of their children to talk about their feelings.

Conclusion

The authors have provided resources for therapists to assist parents with materials to help them meet the needs of their gay and lesbian children. Therapists and teachers need to identify local hotlines, youth groups, web sites, videos, reading materials and libraries, parents education and support groups, as well as counseling centers and education materials for youth who are at risk. Counselors should examine whether their theoretical orientation allows lesbians and gays to feel supported and affirmed in the therapeutic process, according to Fukuyama and Ferguson (2000). These authors also purport, "Therapists also need to understand clients from a multicultural perspective which includes exploration of how the individual is affected by various factors such as societal messages, familial messages, group memberships, multiple social identities, oppression, and power" (Fukuyama and Ferguson, 2000).

According to Reed in his book, "Growing up Gay," (1993), people need information about gay and lesbian teens. This allows parents, educators, counselors, and society in general to begin a social discourse about meeting the needs of gay and lesbian teens compassionately and responsibly. It also allows gay and lesbian children who are entering the tumultuous and vulnerable period of adolescence to realize that they are not alone in their differences (Reed, 1997).

Figure 1


Heterosexual Incidental Arousal
Homosexual Incidental Arousal
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Bisexual Experiences & Arousal
Exclusively Homosexual

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Video Resources

Straight from the Heart: A Journey to Understanding and Love (1993)

In the 1993 Academy Award Nominee Video "Straight from the Heart: A Journey to Understanding and Love" parents issues in coming to terms with having a gay or lesbian child. They present a moving account of parents' struggles with homophobia as they journey to new understanding of the children they love.

Produced by Women Vision Productions Motivational Media 8430 Santa Monica Blvd. Los Angeles, CA 90069 (24 min).

When a Kid is Gay (1995)

First crushes. Surging hormones. Parents who don't understand. Add to the typical teen turmoil the fact of being gay, and matters of sexual identity can profoundly affect how – and even whether - kids live their lives. More than a quarter of gay teens drop out of high school, and suicide lures three times as many as their heterosexual peers. Members of SWAGLY, a private peer support group for gay and lesbian teens in Worchester, Mass., discuss their stories.

To order, contact: WGBH Boston Video, PO Box 2284 South Burlington, VT 05407-2284 Call 1-800-255-9425. (1 hour).

The Truth About Jane (2000)

Lifetime presentation. Depicts the life of a teenage girl who is questioning her sexuality and is experiencing her first same sex relationship in high school. Very sensitive and well done. Parents reactions and coping tools are portrayed well in this movie.

This can be obtained from contacting Lifetime television.

Telephone Hotlines

Trevor Helpline: Crisis Intervention for LGBT Youth (800-850-8078): 24 hrs/day, 7 days/week

Gay & Lesbian National Hotline (1-888-THE-GLNH; http://www.glnh.org/): Mon- Fri 4-Midnight; Sat Noon-5 EST

1-800-342-AIDS (1-800-342-2437).

Daily 24- hour service

Deaf Community AIDS Hotline (TTU/TDD)

1-800-AIDS-TTY (1-800-243-7889).
Monday through Friday, 10:00am to 10:00 pm EST.

IYG Gay/Lesbian/Bisexual Youth Hotline

1-800-347-8336
Thursday through Sunday, 7:00 to 11:45pm EST.
Peer counseling and information for youth under 21, to help reduce feelings of isolation and rejection and to increase self-esteem, which reduces high-risk behavior and the spread of HIV/AIDS.
Accessible to the hearing impaired.

Linea Nacional de SIDA (Spanish AIDS Hotline)

1-800-344-SIDA (1-800-344-7432).
Daily, 8:00am to 2:00am EST.

National Runaway Hotline

1-800-231-6946.
Daily 24 -hour service.

National Sexually Transmitted Diseases Hotline

1-800-227-8922.
Monday through Friday, 8:00am to 11:00pm EST.

Teens Teaching About Aids

1-800-234-TEEN (1-800-234-8336).
Monday through Friday 4:00 to 8:00pm EST.
AIDS information hotline staffed by teens, primarily for heterosexual teens.

Websites and Organizations

America Online

Gay and Lesbian Community Forum: keyword GAY. Go to Discussion Boards and then to Gay Message Board = Teens Talk, or to Lesbian Message Board –Baby Dykes or to Bisexual Message Board – Bisexual Teens.

World Wide Web

Information, resource lists, and people to talk to can be found on the Internet and WWW. Since addresses and URLs change quickly, use your favorite search engine to search gay, lesbian, and bisexual youth or look under the names of one of the following: !OutProud!, Oasis, The Queer Resources Directory, ELIGHT, infoqueer, Inside Out.

P-FLAG (Parents, Families, and Friends of Lesbians and Gays)

Phone:202-638-4200
Email: info@PFLAG.org
A national parents' organization offering help, support, education, and advocacy for gays and lesbians and their parents, siblings, and friends.

Gay, Lesbian and Straight Teachers Network

Phone: 212-727-0135
Email: GLSTEN@glstn.org
Offers resources and help for parents, teachers, and schools on the World Wide Web under GLSTEN toolbox.

National Youth Advocacy Coalition
Phone: 202-319-7596
Email: NYouthAC@aol.com
Serves as a referral source and a clearinghouse for the latest information on lesbian and gay youth issues.

Lambda Youth Network
Email: labdayn@aol.com
For a list of lesbian, gay and bisexual youth groups, youth newsletters, pen pal programs, community centers, and P-Flag chapters.

!OutProud!
National Coaliltion for Gays, Lesbian, and Bisexual & Transgender Youth
Email: info@outproud.org http://www.outproud.org

Resource guide for youth and educators. National coalition of LGBT youth offering resources and support

The Boston Phoenix resource listings.
http://www.phx.com/listings/1in10/resources.html
These include listings for the arts-literature-athletic-health-aids-parenting-political-professional-religious-social-transgender-youth-education- and a peer youth listening line.

Fenway Community Health Center
http://www.fchc.org/services.html
Victim recovery services for those who have experienced anti-gay violence or been involved in gay / lesbian domestic abuse.
800-834-3242 or 617- 267-0900 for Fenway Community Health Center victim services hot line.

ACLU Safe Schools Project
http://www.aclu.org/safeschools
Legal and safe schools information from ACLU

Advocates for Youth
http://www.advocatesforyouth.org
Information on reproductive and sexual health

Youth Resource.com
http://www.Youthresource.com
Support, community, resources, and peer-to-peer education for LGBT youth 13-24

Trans*topia
http://www.youthresource.com/community/transgender/index.cfm
Stories/message boards/info for trans youth

Gay.com Youth Zone
http://content.gay.com/people/youth_zone
Message boards/chat/articles for LGBT youth

Gay, Lesbian and Straight Education Network
http://www.glsen.org
Information/resources on safe schools, GSAs and combating anti-LGBT bias in education

Gay-Straight Alliance Network
http://www.gsanetwork.org
Youth-led organization that connects GSAs to each other and to community resources

Intersex Society of North America
http://www.isna.org/about/index.html
Public awareness, education, and advocacy organization for intersex people

National Coming Out Project
http://www.hrc.org
Public education/support around coming out

National Transgender Advocacy Coalition
http://www.ntac.org
Works for the rights of all transgender, intersex and gender variant people

National Youth Advocacy Coalition
http://www.nyacyouth.org
Organizing and action around LGBT youth issues nationwide

Queer America
http://www.queeramerica.com
Database of queer resources that allows you to find an LGBT group in your local community

XY Survival Guide
http://www.xymag.com
Guide about being young and gay (coming out, sex, school, parents, etc.)

Young Gay America
http://www.younggayamerica.com
Resources/stories from LGBT youth nationwide

Credit for a portion of this list belongs to Rita Reed (1993), from her resource list in "Growing up Gay."
Remaining credit belongs to Marie T. Bracciale (2000), for compiling and publishing the completed resource list.

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